

Community

There may be as many different definitions of a community as there are communities. A community can be a group of people in one neighborhood, one geographic region, or one ethnic or racial background. A community may be woven together by a shared cultural or spiritual background. A community has been described as “a group of people who share values and institutions” (Pate, 2000). The Institute of Medicine, in its

“People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems.”

Former US Surgeon General David Satcher, MD

comprehensive look at overweight among children, contends that “intrinsic to any definition of a community is that it seeks to protect for its members what is shared and valued” (IOM, 2005).

Faith-based organizations and public health are natural partners, sharing common ground in their vision to create environments of

trust and comfort that nurture healthy people and build healthy communities. In the South, this collaboration is particularly powerful because religious organizations are often the heart of the community, particularly for African-Americans. In rural areas, there may be only one church serving an area with social activity revolving around this setting.

An example of using and developing church-based interventions is the African

- ◆ Methodist Episcopal Church (AME) Health Commission. The AME Church Health Commission has initiated active processes to address obesity and healthy lifestyles. Programs with positive results include the *Health-e-AME Physical-e-Fit Program* and a weight loss contest. A cookbook and website have also been developed in addition to strategic planning regarding health and prevention.

Healthy and Whole is a congregational-based health education/health promotion project for African-American congregations in Lancaster and Chester Counties. Churches enrolled in this program form health and wellness committees and select congregational lay health promoters (CHP). Healthy and Whole provides health information on lifestyle risk factors and their association with disease development.

- ◆ “Churches and other places of worship are accessible to large groups within the community; and offer important resources, including meeting places, groups of volunteers, and media access; and provide an avenue to reach both parents and children in a unified setting” (Pate, 2000).



The barriers to adequate physical activity go beyond the individual, to the community and physical environment in which people live. *Healthy People 2010* reports that the major barriers most people face when trying to increase physical activity are lack of time, lack of access to convenient facilities, and lack of safe environments in which to be active (DHHS, 2000).

Individuals are more likely to walk if there are sidewalks in the neighborhood and more likely to use physical activity facilities if those facilities are close to home or convenient transportation (IOM, 2005). According to the 2004 National Survey on Communities conducted for the National Association of Realtors, nearly half of those surveyed would like to see more places to bike, more shops or restaurants within walking distance, and more places to walk or be physically active in the community.

Sumter County Active Lifestyles (SCAL) is a community-based coalition focused on making it easier to be physically active in Sumter County. SCAL works in partnership with the Wateree Health District – DHEC and the Prevention Research Center at USC to advocate for places to exercise, such as parks, trails, sidewalks, and bicycle lanes. SCAL is working to increase awareness of the things Sumter has to offer that make it easier to get outside and be more active. The coalition also promotes the fact that being active includes routine, day-to-day activities like walking, biking, washing your car, or gardening.

Safety is also a factor when considering PA patterns. A higher level of inactivity has been observed among people who believed their neighborhoods to be unsafe. The amount of time a child spends outdoors is the most important correlate of physical activity, but for our children to spend time outdoors, they must have safe communities, with opportunities to run, bike, skate, climb, and play games (IOM 2005).

Another barrier cited by people for not getting adequate physical activity is lack of access to convenient recreational options. For low-income individuals, lack of transportation, high user's fees, and lack of information about available facilities and programs can all create obstacles to active lifestyles (SCORP, 2002).

I would argue that we need to promote active living in every design project that we do....

Patrick Miller, President of the American Society of Landscape Architects



Every member of a community needs and deserves access to healthy food. Unfortunately, this is not always the reality in South Carolina, particularly for people who live in inner cities, isolated rural situations, or underprivileged neighborhoods.

Barriers to making healthy nutrition choices often include cost, accessibility, and availability of nutritious foods. There is a correlation between socioeconomic status and risk for obesity: those with lower incomes tend to be more overweight and obese. Low-income areas often have convenient access to fast food restaurants. Lower-income neighborhoods also have fewer and smaller grocery stores, and more convenience stores with limited, if any, healthy food for sale. People in these areas often pay more for nutritious food like fresh fruits and vegetables. Limited availability and higher cost of healthy foods, along with more convenient access to inexpensive, high-calorie foods are some factors that can contribute to obesity (TFAH, 2004).

Farmer's markets play a vital role in providing communities access to fresh produce and opportunities for healthier eating at reasonable costs. The USDA's Senior Farmers' Market Nutrition Program (SFMNP) provides fresh, locally grown produce to low-income seniors to help improve



nutrition by increasing consumption of fruits and vegetables. This program also benefits local farmers by bringing additional customers to markets. South Carolina is one of 37 states that has received funds from USDA to operate the SFMNP.

South Carolina also participates in the WIC Farmers' Market Nutrition Program (FMNP). This program is designed to

provide nutrition education and encourage WIC participants to add more fresh fruits and vegetables to their diets. FMNP is also designed to promote and increase business for local farmers.

Farmer's markets play a vital role in providing communities access to fresh produce and opportunities for healthier eating at reasonable costs.



Community-based settings provide avenues for reaching individuals of all ages. A significant number of children spend all or part of their free time in camps, day camps or child care centers, especially during the summer months. These locations can offer ways to widen a child's opportunities to be physically active and maintain a balanced diet. Community-based programs for youth not only offer opportunities for physical activities and healthy eating, but reinforce healthy lifestyle messages from the school setting. The community setting also offers opportunities outside of school to involve families in the process of promoting healthy behaviors.

The underlying principles of this framework reflect the *Healthy People 2010* premise that "the health of the individual is almost inseparable from the health of the larger community." This plan seeks to draw on the power of community to build a healthier South Carolina. This segment describes community-based approaches for healthy nutrition and increased physical activity. These approaches include increasing access and availability to healthy foods and increasing low cost physical activity opportunities in a variety of community environments such as faith-based settings, child care centers, and youth camps.

"I'd like to issue a personal challenge tonight to every South Carolinian. In this year's list of New Year's resolutions commit to being just a bit more active"

Governor Mark Sanford
2004 State of the State
Address



"As our state continues to decline in the area of being physically fit, we must look at the availability to the general public of facilities and programs. We remain one of the poorest in the country in this area. Everyone from Liberty, to Bluffton, to Williamsburg, to Awendaw, to Longs, to Rimini, to Wallace, deserves this opportunity. We must make the availability of safe facilities and programs available to every South Carolinian a top priority. Every local public park and recreation agency and member of the SC Recreation and Park Association stands firmly committed to helping that cause."

Jim Headley, Executive Director, SC Recreation & Parks Association



Examples of Activities

Expand Existing Facilities for Community Use

In addition to formal recreation centers, communities have a wealth of places that can be used as centers for physical activity, such as schools (walking tracks, outdoor fields, gyms), neighborhood parks, places of worship, and malls (walking clubs). The advantage of using these locales for PA opportunities that require little or no capital investment is convenience, and can easily lend themselves to community-wide programs. Community programs could include **social marketing** campaigns, health behavior education, health and fitness programs, and support systems for activity.

One obstacle to offering the use of facilities such as churches or schools is a fear of potential liability. As part of this initiative, SCCOPE will work to address concerns in expanding facilities for community use and develop a model policy which addresses both liability and access issues.

Supporting Evidence: The Community Guide for Preventive Services

Goal 1.

Increase the percentage of South Carolinians who meet the current age-specific recommendations for physical activity.

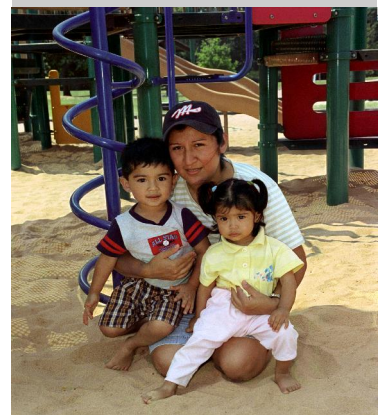
Increase participation in WIC Farmers' Markets

During summer months, select health departments in the state participate in the WIC FMNP. Program participants receive vouchers that are exchanged for fresh produce at local farmers' markets. SCCOPE, through its partners, will collaborate on ways to increase participation rates in these markets and work on marketing and publicity campaigns aimed at increasing fruit and vegetable consumption.

In March 2005, Governor Mark Sanford announced his second annual Family Fitness Challenge to encourage South Carolinians to make healthier choices in their day-to-day lives.

In May 2005, Governor Sanford and the First Lady launched the Healthy South Carolina Challenge to encourage communities to promote healthier lifestyles through increased physical activity and good nutrition.

www.healthysc.gov



Supporting Evidence: *Program Impact Report for the 2002 WIC Farmers' Market Nutrition Program, National Association of Farmers' Market Nutrition Programs (2003).*

Goal 2.

Increase the percentage of South Carolinians who consume at least five servings of fruits and vegetables a day.

Color Me Healthy (CMH)

DOPC has been collaborating with DHEC health promotion staff on the implementation of the *CMH* curriculum. Regional trainers throughout the state will



continue training child care center providers on the implementation of the *CMH* curriculum in child care centers. This curriculum encompasses good nutrition and physical activity for 4 and 5 year olds. DOPC will develop evaluation measures for monitoring the curriculum throughout the state. To better impact all levels of the SEM, DOPC will also expand the *CMH* curriculum to include additional components such as reducing TV/screen time, enhancing family/parental involvement, and policy and environmental changes in child care centers.

Supporting Evidence: IOM

Goal 4.

Increase the percentage of South Carolinians who achieve and maintain a healthy weight.

A recent collaborative effort by the Spartanburg County Congregational Nursing Program and DHEC involves the introduction of the Color Me Healthy (CMH) curriculum to local congregations. CMH is a national award winning program designed to reach children aged 4-5 with fun interactive learning opportunities to teach children that healthy food and physical activity are fun. Several components of the curriculum are designed to also reach parents and caregivers. The Spartanburg County Congregational Nursing program has trained 70 parish nurses to incorporate CMH into existing congregational programs, such as church preschool, Vacation Bible School, and Scouts.



Community Objectives & Strategies

Goal 1: *Increase the percentage of South Carolinians who meet the current age-specific recommendations for physical activity.*

Objective 1: By July 31, 2008, at least 92 free, sliding scale or publicly owned recreation facilities will be identified.

Strategies

1. Assess recreation centers in South Carolina to determine which need improvements or need brand new facilities.

Action Steps:

- *Secure funding for assessment development and implementation.*
 - *Work with SCRPA, which periodically polls its membership about needs and assets in local park and recreation departments.*
 - *Work with SC PRT, which develops a five-year state outdoor recreation plan.*
2. Develop a best practice resource tool to help communities develop comprehensive recreation and fitness centers.
 3. Support and build advocacy to identify and establish a permanent funding mechanism for public park and recreation agencies to fund new recreation centers for the entire state.

Objective 2: By July 31, 2010, at least 46 non-public recreational facilities will be open to community use.

Strategies

1. Increase the number of school districts that allow community use of schools for recreational activities (e.g., walking tracks, outdoor fields, gyms).

Action Steps:

- *Assess district policies on public use of school recreation facilities, (for example, USC PRC work via a CDC Special Interest Project).*
- *Develop a model policy that addresses issues of maintenance and liability.*



-
- *Work with the Department of Education and school board association to encourage districts to adopt policies allowing public use of school recreation facilities after regular school hours (evenings and weekends).*
 - *Work with the Department of Education or school board association to identify old schools available for adaptive reuse as community centers with recreation facilities.*
2. Work with faith-based groups to find ways to increase community use of church recreational facilities.

Objective 3: By July 31, 2010, at least 46 communities will have free, sliding scale, or publicly funded physical activity opportunities.

Strategies

1. Work with SCRPA to identify needs and develop plans with their membership.
2. Work to identify funding sources to provide community physical activity opportunities.
3. Implement Hearts N Parks programs or similar programs in local recreation departments.
4. Survey current mall walking programs. Develop tools to help these programs advertise and increase participation.
5. Develop tools to promote new mall walking programs (for example, Sumter County Active Lifestyles Heart and Soles Mall Walking Program).
6. Develop a tool for communities to implement activity components into local festivals and community events.
7. Create a directory for physical activity resources in the community. Identify and distribute information about walks, runs, and other physical activity opportunities held in communities across the state.

Objective 4: By July 31, 2008, at least 20 communities will develop partnerships with stakeholders such as hospitals, municipal associations, and city and county councils, to collaborate on locally based physical activity initiatives and policy changes.

Strategies

1. Work with SCCPPA to identify local coalitions focused on physical activity.
2. Develop a toolkit to assist communities in developing local physical activity coalitions.
3. Provide networking opportunities for the sharing of resources for local coalitions throughout the state.



Objective 5: By July 31, 2010, at least 20 communities will have connectivity of at least 10 miles of sidewalks, walking trails, bike lanes/paths and other features of the built environment conducive to safe physical activity.

Strategies

1. Coalitions, in partnership with city planners and developers, will conduct walkability audits in the community.
2. Add bike lanes on at least 2 renovated roadways in South Carolina.

Action Steps:

- *Work with SC DOT and Metropolitan Planning Organizations throughout the state to establish a baseline assessment of existing and needed bike lanes.*
 - *Work with SC DOT/ MPO planning processes to prioritize construction of bike lanes.*
3. DOT or local jurisdictions will have plans to add sidewalks where needed, especially leading to schools, recreation departments and other physical activity sites.

Action Steps:

- *Work with SC DOT and Metropolitan Planning Organizations throughout the state to establish a baseline assessment of existing and needed sidewalks.*
 - *Work with SC DOT and MPO planning processes to prioritize construction of sidewalks.*
4. Increase the number of continuous sidewalks/walkways/bike lanes on main streets (with high connectability) in 3 cities.
 5. Modify/assess MPO current organizational structure and develop policy requiring that bike/pedestrian coordinator be actively involved in MPO decision making.

Action Steps:

- *Survey MPO's to identify which have advisory groups and/or bike/pedestrian coordinators, how they are used, model policies/job descriptions.*
 - *If necessary, contact MPO's in states with good bike/pedestrian policies (e.g., Oregon) to use as models for South Carolina recommendations.*
6. Local municipalities and counties will develop and adopt ordinances that require sidewalks and bike lanes in new subdivisions.

Action Steps:

- *Identify model ordinances in South Carolina or elsewhere.*
- *Work with SC Municipal Association and Association of Counties to develop a model ordinance for recommendation to local communities.*



-
7. Promote *Share the Road* signage and culture and other bike/pedestrian safety education programs.

Action Steps:

- *Partner with Palmetto Cycling Coalition, which is working to promote a “Share the Road” culture and a school-based bicycling curriculum in South Carolina.*

Objective 6: By July 31, 2007, implement *America On the Move* in South Carolina.

Strategies

1. Partner with SCCPPA, SC PRA, YMCA, AARP, and other programs to promote *America on the Move*.
2. Research other state models for collaborative approaches with *America on the Move*.
3. Develop strategies for engaging hard-to-reach populations in *America on the Move*.

Objective 7: By December 31, 2007, at least 150 faith based settings will support physical activity through programs and/or policies.

Strategies

1. Establish a baseline number of Faith-Based Settings (FBS) that offer programs and have policies, either formal or informal, that support physical activity.
2. Promote partnership with recreation facilities and community activities, through use of co-facilities (work with PA subgroup) and communication network (for PA classes, chair aerobics etc.) at FBS.
3. Increase the number of faith-based child care centers implementing the *Color Me Healthy* curriculum.
4. Encourage increased participation in physical activity for youth (e.g., sports, dance).
5. Promote family physical activity (e.g., walking, biking).
6. FBS with established physical activity programs will engage in community outreach to promote physical activity.



Goal 2: Increase the percentage of South Carolinians who consume at least 5 servings of fruits and vegetables a day.

Objective 1: By July 31, 2007, at least 3 South Carolina communities will have newly operating Farmers' Markets.

Strategies

1. In collaboration with other state agencies, clarify certification process for Farmers' Markets.
2. Work across state agencies to make it easier to set up local Farmers' Markets.
3. Through focus groups or key informant interviews with community partners/coalitions, identify 3 communities for implementation.
4. Educate and distribute information to farmers, churches, schools, and businesses in identified communities.
5. Review certification process and investigate use of Clemson Extension agents as certifiers to increase the number of certifiers so that more farmers are able to sell produce directly to consumers.
6. Publicize certification program.
7. Set policy so that all farmers want to be certified to sell in Farmers' Markets.

Objective 2: By September 30, 2007, 25% more seniors will be participating in the Senior Farmers' Market voucher program.

Strategies

1. In collaboration with other state agencies, simplify application procedures and help farmers with applications to accept vouchers.
2. In collaboration with other state agencies, simplify application procedures and help seniors with applications for vouchers.
3. Work with community leaders to set up a system so that farmers can bring produce to community locations (such as housing authority neighborhoods, senior centers, and churches).
4. Work with community leaders and state agencies to set up a system of transportation from low-income neighborhoods to Farmers' Markets and community market locations.
5. Publicize the Senior Farmers' Market.

Objective 3: By September 30, 2007, 25% more WIC participants will be participating in the WIC Farmer's Market program.



Strategies

1. In collaboration with other state agencies, simplify application procedures and help farmers with applications to accept vouchers.
2. In collaboration with other state agencies, simplify application procedures and help WIC participants with applications for vouchers.
3. Work with community leaders to set up a system so that farmers can bring produce to community locations (such as housing authority neighborhoods, worksites, child care centers, schools, and churches).
4. Work with community leaders and state agencies to set up a system of transportation from low-income neighborhoods to Farmers' Markets and community market locations.
5. Publicize the WIC Farmers' Market program.

Objective 4: By July 31, 2007, at least 3 communities will establish delivery of fresh produce to various sites, such as child care centers, faith-based organizations, schools, worksites, and hospitals.

Strategies

1. In identified communities, promote the delivery of farm produce to child care centers, faith-based organizations, schools, worksites, and hospitals.

Action Steps:

- *Encourage collaboration between Department of Agriculture, State Department of Education, Department of Social Services, Department of Health and Environmental Control, Chamber of Commerce, and Hospital Association to help farmers bring produce directly to consumers.*
 - *Investigate the Department of Defense fresh buying program and opportunities for expansion into communities, especially in rural areas where access and transportation issues are barriers to purchasing healthy foods.*
2. Market and publicize the distribution program.

Objective 5: By July 31, 2007, at least 3 communities will establish delivery of fresh produce from local farmers to small grocers in the area.

Strategies

1. Build a coalition of small grocers, farmers, SC Department of Agriculture, and commodity boards to develop relationships of benefit to the farmers, grocers, and community.
2. In identified communities, discuss distribution plans for delivery of produce to grocers.
3. In identified communities, promote and publicize the "farm to small grocer" program.



Objective 6: By July 31, 2008, at least 3 communities will have a communication plan for consumers, including information on buying, storing, and using fresh fruits and vegetables.

Strategies

1. Identify or develop multi-lingual, multi-cultural tapes, videos, printed materials, and calendars to help consumers use fresh produce.
2. Identify or develop limited literacy materials suitable for families with limited resources.
3. Develop system to print and distribute available printed materials (Commodity Board, USDA, EFNEP, NCI, etc.) to consumers at markets.
4. Develop system to provide demonstrations at the markets on how to prepare fresh produce (chefs/nutritionists at markets).
5. Work with local supermarkets to help communicate message of eating more fruits and vegetables and distribution of materials at their stores (print messages on bags, signs in stores, etc.).

Goal 4: Increase the percentage of South Carolinians who achieve and maintain a healthy weight.

Objective 1: By December 31, 2008, at least 3 communities in SC will have effective healthy dining programs.

Strategies

1. Through processes such as focus groups or key informant interviews with community partners/coalitions, select communities to participate in a healthy dining program.
2. Identify model dining programs, such as *NC's Winner's Circle*; *Eat Smart! Ontario's Healthy Restaurant Program*; and *Maine's Diner's Choice*, that would be appropriate for use in SC.
3. Work with professional restaurant industry groups to identify incentive options for participating restaurants, such as a healthy dining certificate/award similar to inspection ratings, or recognition through local media, local restaurant reviews, etc.
4. Develop the healthy dining program. Criteria examples may include:
 - Healthy menu options for children;
 - Nutrient analysis of menu items (calories, carbohydrates, saturated fat, trans fat, protein);
 - Trained wait staff on assisting customers with healthy selections;
 - Half portion sizes available as menu options;
 - Trained chefs on incorporating healthy foods;
 - Increased fruit and vegetable options available.
5. Develop a plan for implementation and evaluation of the program.



6. Work with media, community leaders, DHEC, and restaurants in communities to advertise the program and encourage participation.
7. Implement the healthy dining program.
8. Evaluate the program.

Objective 2: By July 31, 2007, at least three 4-H youth programs or camps will pilot food, fitness and health programs.

Strategies

1. Through collaboration with Clemson Extension, identify three 4-H youth programs or camps for pilot programs.
2. Work with 4-H parents, leaders, and youth to identify ways to increase healthy eating and physical activity options available in programs.
3. Explore alternative low cost options so that youth sites can obtain healthy food alternatives.

Action Steps:

- Develop cooperatives for buying products for programs.
 - Explore Department of Defense fruit and vegetable program (possibly link with purchases for military bases).
 - Determine if youth programs can participate in DSS summer food program and/or after school food program; work with DSS on ways to make application process easier.
4. Ensure that foods served in the pilot youth programs follow 2005 Dietary Guidelines.
 5. Demonstrate that children will eat the healthy foods and that costs can be contained.
 6. Encourage older youth to do community projects (such as 4-H pinnacle projects), which encourage other youth and younger children to enjoy more fruits and vegetables and be more physically active (farm projects, garden projects, shopping and cooking projects).
 7. Evaluate program efforts.

Objective 3: By July 31, 2010, at least 25 youth programs or camps across the state will offer healthy food choices.

Strategies

1. Investigate youth programs such as Boy and Girl Scouts, Boys and Girls Clubs, YMCA, and faith-based programs to identify foods served at youth programs and identify food-related activities.



-
2. Bring together partnership of parents, youth workers, school leaders, and youth group funders for update on results of pilot programs at 4-H camps and discussion on ways to expand program statewide.
 3. Identify and advertise clear, consistent messages (more fruits and vegetables and healthy foods) in youth- and youth group-specific educational and promotion materials.
 4. Develop and distribute a new *Guide for Food to be Served at Youth Programs and Camps* based on the 2005 Dietary Guidelines.
 5. Work with youth organizations to add training modules related to healthy weight, foods served, physical activity, and reducing TV/screen time to existing trainings.
 6. Encourage older youth to do community projects (Eagle service projects, badges, 4-H pinnacle projects, etc.) that encourage other youth and younger children to enjoy more fruits and vegetables (farm projects, garden projects, shopping and cooking projects).
 7. Explore alternative low-cost options so that youth sites can obtain and sustain healthy food alternatives.

Action Steps:

- Develop cooperatives for buying products for programs.
- Identify and widely distribute lists of healthy foods and beverages that are inexpensive, easy to prepare, easy for children to eat, taste good, are easy to store, and have a long shelf-life.
- Encourage potential participation in DSS summer food program and/or after school food program.

Objective 4: By July 31, 2006, increase by 20% the percentage of child care centers in the state implementing the *Color Me Healthy* curriculum.

Strategies

1. Increase the number of participants who complete the *Color Me Healthy* “train the trainer” workshop.
2. Increase the number of *Color Me Healthy* trainings provided to child care centers.
3. Inform and educate parents/caregivers about the importance of nutrition and physical activity programs for preschoolers.
4. Publicize to child care centers that the *Color Me Healthy* training has been approved for 4 hours of continuing education through the South Carolina Child Care Training System.
5. The *Color Me Healthy* State Trainer will present program updates at the annual meeting of the South Carolina Early Childhood Association and other statewide, regional, and local meetings.



Objective 5: By July 31, 2010, at least 25 child care centers in SC will implement the expanded *Color Me Healthy* curriculum.

Strategies

1. Expand the *Color Me Healthy* curriculum to include impact and process evaluation measures.

Action Steps

- Investigate examples of pertinent surveys to identify variables to measure.
 - DOPC will take the lead on the development of evaluation measures, monitoring the impact of the curriculum on children, parents/caregivers, and child care providers.
2. Expand the *Color Me Healthy* curriculum to include additional components, such as reducing TV/screen time, enhancing family/parental involvement, and enhancing policy and environmental supports.

Action steps

- Identify models and resources for child care centers to assist in development of expanded curriculum.
 - Collaborate with Clemson Extension and the *Cooking with a Chef* program to provide food/cooking demonstrations and nutrition education as part of the enhanced curriculum components.
3. Increase the number of participants who complete the *Color Me Healthy* “train the trainer” workshop.
 4. Increase the number of trainings provided to child care centers throughout the state.
 5. Inform and educate parents/caregivers about the importance of nutrition and physical activity programs for preschoolers.
 6. Establish a “Healthy Child Care Center Award” program for centers effectively implementing the curriculum.

Objective 6: By July 31, 2008, 50 SC faith-based settings will have policies in place and offer formal or informal programs that support healthy eating and physical activity.

Strategies

1. Identify churches that have already established “healthy foods at church” policies.
2. Identify existing on-going educational programs and workshops available at faith-based settings that help adults and children improve eating habits and increase physical activity.
3. Develop and conduct 6 training workshops for health and faith leaders (congregational nurses, health ministers, other interested congregants) on how to introduce and sustain healthy eating and physical activity policies and programs at their churches.



4. Identify, obtain permissions, and duplicate program resources for use at the workshops, including examples of policies, practices, and program curricula already in use in other faith-based settings.
5. Establish and maintain a health and faith resources website with links to *Search Your Heart, Body and Soul*, *Health-e-AME Physical-e-Fit* program and other programs and materials, and links to other websites for information on obesity and health, such as CDC sites, 5-A-Day, WIN, and NHLBI sites.
6. Pilot the development of policies and programs to help members improve eating habits and increase physical activity at 10 additional SC churches.

Action Steps

- Survey SC churches to find out if churches have healthy food and activity policies and programs, the details about the policies and programs, and whether they have any information on program outcomes.
- Develop working groups of church members and pastors at 10 interested churches to develop recommendations that encourage healthy meal and food choices at church events and more physical activity. Examples of activities these groups might consider:
 - ⇒ Establish a church vegetable garden.
 - ⇒ Support bringing farmer's market to churches on regular schedule.
 - ⇒ Have recipe contests / develop a collection of winning recipes for reduced fat salads, vegetables, soups, fruit desserts, one-dish meals for church suppers.
 - ⇒ Establish recommendations for foods to serve at church events. Duplicate recipes from contest.
 - ⇒ Encourage church members to form walking groups. Post group mileage in prominent place in church.

Objective 7: By July 31, 2007, at least 100 congregational pastors, ministers, and other leaders in the faith based setting will receive information and assistance regarding promoting and supporting faith and health messages, policies and programs.

Strategies

1. Convene group of spiritual leaders interested in bringing a model faith and health curriculum to one seminary in SC.
2. Determine if there are any faith and health programs or curricula in use in SC seminaries.
3. Select a faith and health curricula for use / dissemination (from other states if not already in SC).
4. Identify speakers/ champions/ leaders; incorporate segments on faith and health into conference agendas to build support and interest.
5. Help spiritual leaders identify and support appropriate groups in their churches who can lead faith and health programs, such as: congregational / parish nurses, health educators, lay health coordinators, lay health promoters, and youth health 'promoters.'

